Step-by-Step Instructions for Completing The UB-92 Claim Form For MaineCare Covered Nursing Home Services

Introduction

The UB-92 claim is a billing form maintained by the National Uniform Billing Committee (NUBC). Each payer, including MaineCare, has different requirements for completing specific parts of the claim form.

The MaineCare instructions are adapted from the UB-92 manual developed by the NUBC and approved by the State National Uniform Billing Committee in Maine. For contact information about the NUBC and its manuals, go to http://www.nubc.org/about.html and for information about the State Uniform Billing Committee in Maine go to http://www.aahamme.org/contact.php. You must have the UB-92 manual to follow these instructions. In many Form Locators (FL), you are asked to go to the UB-92 manual for specific codes or other information.

You are responsible for obtaining your own UB-92 forms; the Maine Department of Health and Human Services (DHHS) doesn't provide them. You can buy the forms at office supply centers and from other sources including:

U.S. Government Printing Office Mail Stop: IDCC 732 N. Capitol St. NW Washington, DC 20401

http://www.gpo.gov/

Look for these icons

- **Attach** reminds you where you need to attach documentation for this claim.
- → **Appendix** reminds you to check the Appendices for information such as specialty codes and rates.

UB-92 Appendix 1 is on Page 42. UB-92 Appendix 2 is on Page 43.

Required, and Not Required, Form Locators

In these instructions, FL is Form Locator.

Form Locators that are not shaded are required for all or most providers.

This is an example of a Form Locator required:

Required:

FL 15: SEX
15 SEX
Enter the patient's sex as M or F.
Example:
15 SEX F

Form Locators that are not required are shaded.

Not Required:

This is an example of a Form Locator that is not required:



Please note, although some Form Locators are not required, they are also not shaded. This is because DHHS recommends that you enter special information in these Form Locators. This optional information, such as the patient's account number, will help you in your recordkeeping.

Unless these instructions say that a Form Locator must be left blank, you may use Not Required Form Locators for your own business purposes.

Examples and Additional Help

The instructions for each required Form Locator or field within a Form Locator include an example of what the completed Form Locator or field should look like. In some Form Locators that have special instructions for specific providers, there are additional examples.

The instructions also give you important information and help.

Look for these icons:



Additional Tips on Filing

Here's other important information you need to know before you begin filling out your form:

In addition to the National UB-92 manual, in order to complete the UB-92 form, you must have current CPT (Current Procedural Terminology) of the American Medical Association, ICD-9 (International Classification of Diseases) Diagnostic Codes, or HCPCS (Healthcare Common Procedure Coding System) Codes maintained by the Centers for Medicare and Medicaid Services.

Or,

Use the Procedure Codes in Chapter III of the *MaineCare Benefits Manual* policy section under which you bill. You may access these codes at the following website: http://www.maine.gov/sos/cec/rules/10/ch101.htm

The required format for a birth date is MMDDYYYY. (Example: January 19, 1947 = 01191947)

The alternative date format for dates of service or signature dates is MMDDYY. DHHS will process your claim if you use that format, but we recommend that you transition to the eight-digit Y2K-compliant format.

Whether you fill in your claim form by typing, computer, or handwriting, keep all information within the designated FL. **Do not** overlap information into other form locators. Handwritten claims must be legible.

Mailing Your Claim

Mail your completed claim form to this address:

MaineCare Claims Processing M-400 Augusta, ME 04333

You may also bill electronically through Electronic Media Claims (EMC) batch billing. Contact the Provider File Unit at 1-800-321-5557, Option 6 (In State only) or 207-287-4082 for more information on electronic billing. You can find additional information on the website for the Office of MaineCare Services (OMS) at: http://www.maine.gov/dhhs/emc/index.htm

Instructions for Each Form Locator (FL) on The UB-92 Claim Form

FL 01, 02

1
Enter the provider's name, city, state, and ZIP code. The provider's telephone number is optional, but the phone number helps us if we need to contact you.
Example:
Anytown Nursing Facility 2 County Road Anytown, ME 04000 207-000-0000

FL 02:	ALERT:
	Leave this blank.
Not required	MaineCare will
Not required.	enter a Transaction
	Control Number
	(TCN) here. The
	TCN will appear
	on your remittance
	advice statement
	(RA) in the
	left-hand column.

FL 03: PATIENT CONTROL NO.

3 PATIENT CONTROL NO.

Enter the Patient Control number that the provider has assigned.

Example:

3 PATIENT CONTROL NO.	
SMI12345	

TIP:

A Patient Control number is a unique number assigned to a patient by the provider.

FL 04: TYPE OF BILL



Enter the three-digit or four-digit code from the National UB-92 manual for your provider type that indicates the type of bill.

Example:





Nursing Facilities can only use type of bill: 2 for the first digit 5 or 6 for the second digit and 1, 2, 3, 4,5, 7, or 8 as the third digit.

The third digit of 7 or 8 cannot be used at this time. Providers will be notified when the replacement of prior claim and void/cancel of prior claim is functional.

FL 05: FED. TAX NO.

5 FED. TAX NO.

FL 05 – 07

Enter the provider's Federal Tax Number (Employer Identification Number/EIN). This number is required for Federal income tax purposes.

Example:

5 FED. TAX NO.

00000000

FL 06: STATEMENT COVERS PERIOD



In FROM, enter the date that services on this claim began. In THROUGH, enter the date that services on this claim ended, **including the discharge date**, if applicable. If all services were provided on a single day, enter that date in both the FROM and THROUGH fields.

The preferred format is eight digits: MMDDYYYY. Do not use commas, dashes, or slashes in the date.

Example:

6 STATEMENT COVERS PERIOD THROUGH
06012006 06032006



Inpatient Hospital claims *may* overlap months. All other providers *must* bill no more than one calendar month on a claim form.

FL 07: COV D.



Enter the number of days covered. The date of admission is a covered day, but the date of discharge is not a covered day.

Example:

7 COV D.



Do not include the day of discharge as a covered day.

FL 08: N-C D.
8 N-C D.
For inpatient claims, enter the number of days not covered.
Attach an explanation for non-coverage.
Example:
8 N-C D
FL 09: C-I D.
9 C+ D.
Not required.
FL 10: L-R D.
10 L-R D.
Not Required.

FL 11:		
11		
Not required.		

FL 12: PATIENT NAME

12 PATIENT NAME

Enter the member's name in this order: last name, first name and middle initial. The name must be exactly the same as the name printed on the member's MaineCare ID card.

Example: Member's name is Belle St. Pierre, the MaineCare Card reads St Pierre, Belle with no punctuation, replace the period with a space as shown on the MaineCare Card.

Example:

12 PATIENT NAME

St Pierre, Belle



Enter the member's name exactly as shown on the MaineCare ID card. If the name does not match, the claim will deny for incorrect name.

FL 13: PATIENT ADDRESS

13 PATIENT ADDRESS

Enter the member's street address, city, state, and ZIP code as a single line.

Example:

13 PATIENT ADDRESS

554 Elm Street, Apt. 3, Any City, ME 04000

FL 14: BIRTHDATE	ALERT:
Enter the patient's date of birth. A birth date must be in eight-digit format (MMDDYYYY).	Birth Date must be in eight-digit format.
Example: 14 BIRTHDATE 06211951	
	I
FL 15: SEX	
15 SEX	
Enter the patient's sex as M or F.	
Example:	
15 SEX F	
	•
FL 16: MS	
16 MS	
Not required.	

FL 17: ADMISSION DATE

ADMISSION			
17 DATE	18 HR	19 TYPE	20 SRC

Depending on your provider type, enter the date the member was admitted to the facility.

The preferred format for the date is eight digits (MMDDYYYY). Do not use commas, dashes or slashes in the date.

Example:

ADMISSION			
17 DATE	18 HR	19 TYPE	20 SRC
06012006			





If the admission date is later than the FROM date in FL 6, your claim will deny for invalid dates billed.

FL 18: ADMISSION HR

ADMISSION			
17 DATE	18 HR	19 TYPE	20 SRC

Not required.

FL 19: ADMISSION TYPE

ADI	VISSION		
17 DATE	18 HR	19 TYPE	20 SRC

Not Required.

FL 20: ADMISSION SRC
ADMISSION 17 DATE 18 HR 19 TYPE 20 SRC
Not Required.
FL 21: DHR
21 D HR
Not Required

FL 22: STAT



Enter a code indicating patient status as of the ending service date of the period covered on the bill, as reported in FL 6, Statement Covers Period. Please see the National UB-92 manual for specific codes.

Example:



FL 23: MEDICAL RECORD NO.

23 MEDICAL RECORD NO.	

Not required, but may be useful for the provider.

Enter the number that the provider assigned to the patient's medical/health record.

Example:

23 MEDICAL RECORD NO. 1234blue

FL 24 – 30: CONDITION CODES

		COND	TION COL	ES		
24	25	26	27	28	29	30

If applicable, enter codes used to identify conditions relating to the bill that may affect payer processing. Please see the National UB-92 manual for specific codes.

ALERT:

Do not default to zeros in this FL.

Example:

CONDITION CODES						
24	25	26	27	28	29	30
AJ	26					

FL 31:



Not required.

FL 32 – 35: OCCURRENCE CODES AND DATES

	32 CODE	OCCURRENCE DATE	33 CODE	OCCURRENCE DATE	34 CODE	OCCURRENCE DATE	35 CODE	OCCURRENCE DATE
а								
b								

If applicable, enter the code and associated date defining a significant event relating to the bill that may affect payer processing. Please see the National UB-92 manual for specific codes.

Example:

	32 CODE	OCCURRENCE DATE	33 CODE	OCCURRENCE DATE	34 CODE	OCCURRENCE DATE	35 CODE	OCCURRENCE DATE
a	24	06032006						
b								



Do not default to zeros in this FL.

FL 36: OCCURRENCE SPAN

FROM	I THROUGH
IIIOIII	Inkuuun

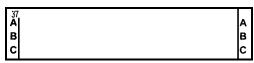
If applicable, enter a code and related dates that identify an event that relates to the payment of the claim. Please see the National UB-92 manual for specific codes.

ALERT:

Do not default to zeros in this FL.

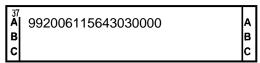
OCCURREN	CE SPAN
FROM	THROUGH
09082006	09122006
	FROM





If this is an adjustment claim (void or replace) enter the Transaction Control Number (TCN) of the claim being voided or replaced.

Example:



Definitions:

Void – deletes the claim or claim line.

Example: If you submit a claim for date of service 12/01/2005 and later realize that you actually saw the member on 12/02/2005 you would void that claim by putting an 8 as the third digit in FL4 and the header TCN of the original claim in this FL. You will receive a remittance statement from MaineCare showing a negative balance because MaineCare took back the original payment. You can than rebill the correct date of service on a new claim form.

Replace – this function voids the original claim and processes the information in FL 42 - 47 as a new claim.

Example: If you submit a claim for July and later receive a rate letter that you have a rate increase effective in July you would put a 7 as the third digit in FL 4 and the original TCN of the header or line in this FL and the corrected information in FL 42 - 47. The system will take back the original payment and process the new information and you will receive a remittance showing a payment for the difference between the original payment and the new claim.



The TCN is the 18-digit code located in the second column on your remittance advice (RA) statement. If you are adjusting a single line item, you must change the last 0 to 1, 2, etc., to reflect the line that you want to void or to replace.

Do not use at this time.

Providers will be notified when the replacement of prior claim and void/cancel of prior claim is functional.



Nursing Homes must adjust the whole claime because of cost of care.

FL 38:	
38	
Not required.	

FL 39 - 41: VALUE CODES

	39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES AMOUNT	
а		•					a
b		,		-			ь
C		•		•		,	c
d		:		:			ď

If the MaineCare patient has Medicare as the primary payer, has a spenddown or is responsible for an assessment/cost of care, enter that information in FL 39.

In the Code fields (39, 40, and 41), use the following:

A1 = Medicare Deductible Payer A (B1, C1 . . .)

A2 = Medicare Coinsurance Payer A (B2, C2 . . .)

D3 = Spenddown

Please see the National UB-92 manual for complete instructions and specific codes.

In the Amount fields, after the appropriate code, enter the amount.

Attach the Medicare Explanation of Benefits (EOB) or Spenddown letter to this claim.

Example:

	39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES AMOUNT	
a	A1	119:00	A2	63 00			a
b						,	ь
c		•				,	c
d				:			ď



→ Appendix
See UB-92
Appendix 1 on
page 42 for
specific
instructions for
billing Medicare
coinsurance and
deductible.

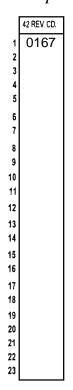


Providers are not required to enter a patient assessment/cost of care

FL 42: REV CD.

Enter a four-digit code that identifies a specific accommodation, ancillary service or billing calculation. See the National UB-92 manual for specific codes. Revenue codes are being revised by the National Uniform Billing Committee and will be published when final.

Example:





MECMS allows 21 lines plus the total (Revenue Code 0001) on line 22. If your claim has more than 22 lines, it cannot be processed.

See Appendix 2

– List of Revenue Codes and HCPCS codes...

FL 43: DESCRIPTION	
43 DESCRIPTION	
N-4	
Not required.	

FL 44: HCPCS / RATES

Enter the appropriate HCFA Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) codes. (When you enter a code, it must be leftjustified in this column.)

Example:





This FL is required if you are billing anything except the room code (0167)

See Appendix 2 on Page 47 – List of Revenue Codes and HCPCS codes..

FL 45: SERV. DATE

For **ancillary services**, ex: occupational, physical or speech therapy services, etc., (a series bill), enter the date that the indicated service was provided.

Example:





Nursing Homes cannot bill no more than one calendar month on a single claim form.

FL 46: SERV. UNITS

For inpatient claims, enter the number of days of inpatient accommodations.

For ancillary services, if the same service was provided more than once on the same day, enter the number of units provided. For example, if two physical therapy sessions were provided on the same day, enter two units.

Example:





For inpatient claims: Count the date of admission, but do not count the date of discharge.

Units must equal the number of covered days in FL 7 or FL7 and FL8.

FL 47: TOTAL CHARGES

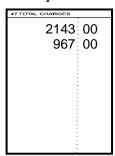
Enter the total charges pertaining to the related revenue code for the current billing period, as entered in the statement's covered period (FL 6).

No more than 21 line items can be billed per claim. The **total** line (rev code 0001) can be billed in addition to the 21 lines. Do not continue this claim onto a second page.

Each claim form must be totaled because each claim form is considered separately. In the remarks section (FL 84), write, "Split Bill, two claims for the same admit."

The figures in column (or FL 47) add up to a **total**, reflected on a separate line item using revenue code 0001.

Example:



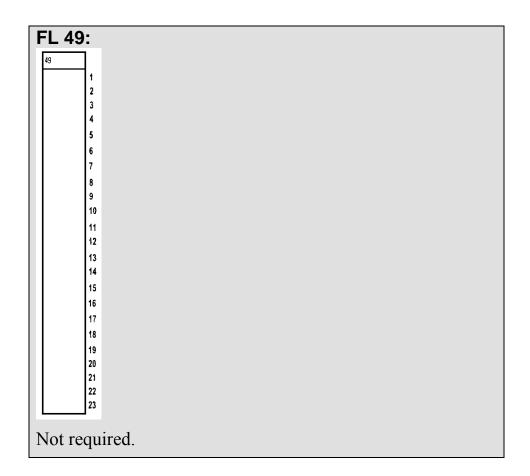


The total number of lines on the claim cannot exceed 22

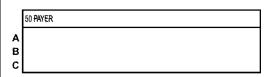
FL 48: NON-COVERED CHARGES

If applicable, enter the non-covered charges pertaining to the related revenue code.

48 NON-COVERED CHARGES
225 00 85 00
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· ·
· :
, ,
:



FL 50: PAYER



On lines A–C, enter the code that identifies each payer organization from which the provider might expect some payment for the bill.

Lines:

A - Enter primary payer

B – Enter secondary payer

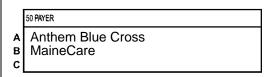
C – Enter tertiary payer

Important: MaineCare is the payer of last resort. Note: If MaineCare is the only payer in FL 50 then FL 54, 58, 59, 60, 61, and 62 are not required.

The payer names must be spelled out:

Medicare
MaineCare
Anthem Blue Cross

Example: If a patient has Anthem Blue Cross, FL 50 would be as follows:





Lines in FL 50 must correspond to lines in FL 51, 54, 58, 59, 60, 61, and 62. or FL 39 – 41 if billing after Medicare for Part A charges.

If MaineCare is the only payer in FL50, you are not required to complete FL 54, 58, 59, 60, 61, and 62.

FL 31: PROVIDER NO.
51 PROVIDER NO.
Enter the number assigned to the provider by the payer indicated in FL 50, Lines A, B and C. MaineCare assigns a nine-digit provider ID number to all providers. If MaineCare is secondary, as in the example shown in FL 50, enter the MaineCare provider ID number in Line B.
Example: 51 PROVIDER NO. 123456789 456234600
FL 52: REL INFO
Not required.
FL 53: ASG BEN
53 ASG BEN
Not required.

FL 54: PRIOR PAYMENTS

54 PRIOR PAYMENTS	
•	
•	
•	
•	

Not required if MaineCare is the only payer.

If there are one or more other payers listed in FL 50, enter the prior payments received from other third party payers, and if billing after Medicare Part B include the Medicare Part B payment and any other third party payment. If the third party payment exceeds MaineCare reimbursement, no additional payment will be made.

If you are in a contractual agreement with a private insurance company to accept its payment as payment in full, you cannot bill MaineCare for charges. The claim would be rejected for "no balance due."

Example:

54 PRIOR PAYMENTS			
45 00			
46 · 00			



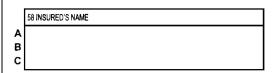
Only enter prior payment(s) from other third party insurance, unless you are billing after Medicare Part B. If you are billing after Medicare Part B, enter the Medicare payment and any other third party payment.

When billing after both Medicare Part A and Medicare Part B you must submit two separate claims.

When billing after Medicare Part A do not put any prior Medicare or MaineCare payments in the FL.

FL 55: EST. AMOUNT DUE
55 EST. AMOUNT DUE
Not required.
FL 56:
56
Not required.
FL 57: DUE FROM PATIENT
57 DUE FROM PATIENT ►
Not required.

FL	. 58	B :	INSU	IRED	'S	NAME
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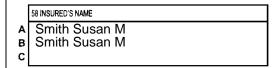


Enter the MaineCare member's name in this order: last name, first name, middle initial. Note: For this Form Locator, MaineCare considers the member as the "insured."

ALERT:

The member's name must be exactly as shown on the MaineCare ID card.

Example:



FL 59: P. REL

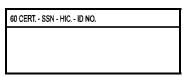


Not required if MaineCare is the only payer.

If the patient is covered by insurance under another policyholder, enter the two-digit code to indicate the patient's relationship to the policyholder. Codes are listed in the National UB-92 Manual.

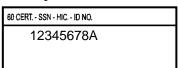


FL 60:	CERT	SSN	HIC	ID NO.
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Enter the member's MaineCare ID number as shown on his or her MaineCare ID card, or his or her certificate number, or other insurance ID number. Remember to use the appropriate line (A, B or C) that corresponds to FL 50.

Example:





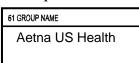
Do not enter the member's Social Security number in place of the MaineCare ID number. This will cause the claim to deny.

FL 61: GROUP NAME

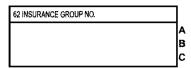
61 GROUP NAME

Not required if MaineCare is the only payer.

If the member is covered by other insurance, enter the insured's Group Name. Primary payer information is required if MaineCare is the secondary payer.

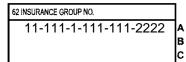


FL 62: INSURANCE GROUP NO.

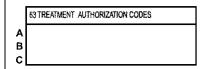


Not required if MaineCare is the only payer.

If applicable, enter the Group Number for the insurance named in FL 61. Primary payer information is required if MaineCare is the secondary payer.



FL 63: TREATMENT AUTHORIZATION CODES



If services have been prior authorized, enter the following information on lines A–C exactly as indicated below:

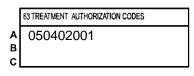
Line A – The MaineCare Managed Care Referral number (formerly PrimeCare number).

Line B – Prior Authorization number (PA).

Some services require prior authorization. The source of the PA usually is the Office of MaineCare Services, Professional Claims Review Unit/PA Unit. However, PAs may be authorized by other sources such as MaineCare Eye Care, or the Breast & Cervical Health Program.

Line C – Behavioral and Developmental Services (BDS) Authorization number. This is an internal contract number issued by DHHS.

Example:





If a member is in an out-of-state facility, before services can be performed and billed, MaineCare must authorize this service and assign a number.

FL 64: ESC

If an insured individual is identified in FL 58, enter the code that defines the employment status of that person.

- 1 Employed full time
- 2 Employed part time
- 3 Not employed
- 4 Self-employed
- 5 Retired
- 6 On Active Military Duty
- 9 Unknown

Example:

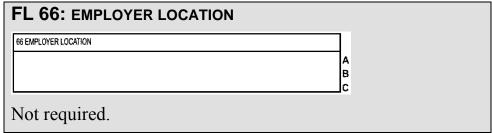


FL	65:	EMPLOYER	NAME
----	-----	-----------------	------

65 EMPLOYER NAME		

If the insured person named in FL 58 is employed, enter the name of his or her employer.

•	
65 EMPLOYER NAME	
Acme Auto Shop	



66 EMPLOYER LOCATION	A B C
Not required.	
FL 67: PRIN. DIAG. CD.	
67 PRIN. DIAG. CD.	
Enter the patient's primary diagnosis, using	an International

Classification of Diseases (ICD9-CM) code.

ALERT:

A primary diagnosis is required. Do not punctuate.

TIP:

If you do not know what diagnosis code to use, ask the member's physician

FL 68 – 75: OTHER DIAG. CODES	FI 6	:8 – '	75.	OTHER	DIAG	CODES
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			OTHER DIAC	CODES			
68 CODE	69 CODE	70 CODE	71 CODE	72 CODE	73 CODE	74 CODE	75 CODE 75 TO

Enter the ICD9-CM diagnosis code or codes that identify any additional conditions that co-existed at the time of admission, or any conditions that developed subsequently, and that affected the treatment received or the length of stay. Leave this blank if there are no additional diagnoses.

ALERT:

Do not punctuate the codes.

Example:

			OTHER DIAG	CODES			
68 CODE	69 CODE	70 CODE	71 CODE	72 CODE	73 CODE	74 CODE	75 CODE 1990
496	73300						

FL 76: ADM. DIAG. CD.

76 ADM, DIAG, CD.

Not required.

FL 77: E-CODE

77 E-CODE

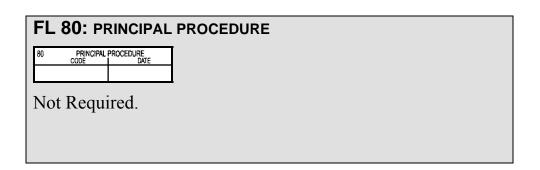
Not required.

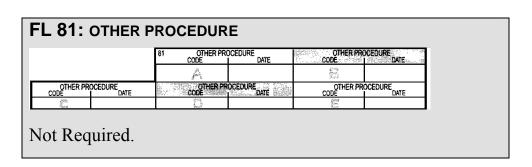
FL 78:

78

Not required.

FL 79: p.c.	
79 P.C.	
Not required.	

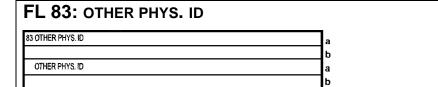




FL 82: ATTENDING PHYS. ID 82 ATTENDING PHYS. ID Enter the Unique Physician Identification Number (UPIN) of the attending physician, if applicable.

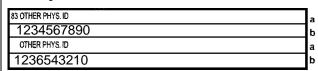
Example:

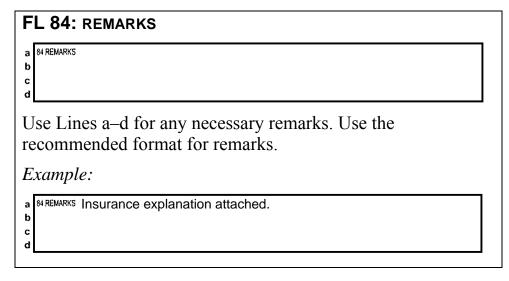
82 ATTENDING PHYS. ID 1234567890



Enter the Unique Physician Identification Number (UPIN) for each additional physician, if applicable.

Example:







See the National UB-92 Manual for the recommended format.

FL 85: PROVIDER REPRESENTATIVE



Enter the signature of the provider or the provider's authorized person. The name must be the name of a person.

A stamped or facsimile signature is acceptable.

"Signature on file" is **not** acceptable.

Example:



FL 86: DATE



In eight-digit format (MMDDYYYY), enter the date the bill is submitted. The date must be the same date or a date after all dates of service on this claim.

The claim will be rejected if this date is missing or incomplete.

Example:

85 PROVIDER REPRESENTATIVE 86 DATE

X John M. Doe, M.D. 01022006

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

UB-92 Appendix 1

Instructions for billing Medicare Part A claims when MaineCare is secondary:

- FL 39 Enter code A1 (Medicare Deductible or A2 (Medicare Coinsurance) and the amount as shown on the EOMB
- FL 42 Line 1 Enter Revenue Code 0167 (Room and Board)
- FL 42 Line 2 Enter Revenue Code 0001 (Total Charges)
- FL 46 Enter the number of Service Units (must equal covered days in FL 07)
- FL 47 Line 1 Enter the Medicare Allowed Amount
- FL 47 Line 2 Enter Total Charges
- FL 50 Line A Enter the word Medicare (Do not use C or C Medicare
- FL 50 Line B Enter the word MaineCare
- FL 51 Line A Enter the Medicare Provider Number
- FL 51 Line B Enter the MaineCare Provider Number
- FL 54 and 55 Must be left blank (do not enter zeros)
- FL 58 Line A Enter the insured name (Last name, First name, Middle Initial)
- FL 58 Line B Enter the insured name (Last name, First name, Middle Initial exactly as shown on the MaineCare ID Card)
- FL 60 Line A Enter the Members Medicare ID number
- FL 60 Line B Enter the MaineCare Member ID number. (Do not use the member's social security number in place of the MaineCare number).

Instructions for billing Medicare co-insurance and/or deductible after Medicare Part A with other third party insurance secondary:

FL 39 – Enter code A1 (Medicare Deductible or A2 (Medicare Coinsurance) and the amount as shown on the EOMB

Note: Do not enter coinsurance or deductible amount of the secondary insurance.

- FL 42 Line 1 Enter Revenue Code 0167 (Room and Board)
- FL 42 Line 2 Enter Revenue Code 0001 (Total Charges)
- FL 46 Enter the number of Service Units (must equal covered days in FL 07)
- FL 47 Line 1 Enter the Medicare Allowed Amount
- FL 47 Line 2 Enter Total Charges
- FL 50 Line A Enter the word Medicare
- FL 50 Line B Enter the name of the secondary insurance (ex: Anthem)
- FL 50 Line C Enter the word MaineCare
- FL51 Line A Enter the Medicare Provider Number
- FL 51 Line B Enter the Provider Number assigned by the secondary payer
- FL 51 Line C Enter the MaineCare Provider Number
- FL 54 Enter the amount paid by the secondary insurance. (Do not enter a prior Medicare or MaineCare payment)
- FL 58 Line A Enter the insured name (Last name, First name, and Middle Initial)
- FL 58 Line B Enter the insured name (Last name, First name, Middle Initial.
- FL 58 Line C Enter the insured name (Last name, First name, Middle Initial exactly as shown on the MaineCare ID Card)
- FL 60 Line A Enter the Members Medicare ID number
- FL 60 Line B Enter the member's secondary insurance policy number or certificate number.
- FL 60 Line C Enter the MaineCare Member ID number. (Do not use the member's social security number in place of the MaineCare number).
- FL 61 Line B Enter the group name of the secondary insurance
- FL 62 Line B Enter the group number of the secondary insurance.

Instructions for billing Medicare co-insurance and/or deductible after Medicare Part B (Therapies) with MaineCare secondary:

- FL 42 Line 1 21 Enter Revenue Code (for the appropriate therapy or therapies, as listed in the billing instructions for FL 42)
- FL 42 Line 22 or the line after the last line completed Enter Revenue Code 0001 (Total Charges)
- FL 46 Enter the number of Service Units (if the same service was provided more than once on the same day, enter the number of units).
- FL 47 Line 1 Enter the Medicare Allowed Amount
- FL 47 Line 22 or the line after the last line completed Enter Total Charges
- FL 50 Line A Enter the word Medicare
- FL 50 Line B Enter the word MaineCare
- FL 51 Line A Enter the Medicare Provider Number
- FL 51 Line B Enter the MaineCare Provider Number
- FL 54 Enter the amount paid by Medicare
- FL 58 Line A Enter the insured name (Last name, First name, Middle Initial)
- FL 58 Line B Enter the insured name (Last name, First name, Middle Initial exactly as shown on the MaineCare ID Card)
- FL 60 Line A Enter the Members Medicare ID number
- FL 60 Line B Enter the MaineCare Member ID number. (Do not use the member's social security number in place of the MaineCare number).

Note: MaineCare will only make payment up to the maximum MaineCare fee schedule, which in most cases is lower than the co-insurance. Any remaining balance cannot be billed to the member.

Instructions for billing Medicare co-insurance and/or deductible after Medicare Part B (Therapies) with other third party insurance secondary:

- FL 42 Line 1 21 Enter Revenue Code (for the appropriate therapy or therapies, as listed in the billing instructions for FL 42)
- FL 42 Line 22 or the line after the last line completed Enter Revenue Code 0001 (Total Charges)
- FL 46 Enter the number of Service Units (if the same service was provided more than once on the same day, enter the number of units).
- FL 47 Line 1 Enter the Medicare Allowed Amount
- FL47 Line 22 or the line after the last line completed Enter Total Charges in the column
- FL50 Line A Enter the word Medicare
- FL 50 Line B Enter the name of the secondary insurance (ex: Anthem)
- FL50 Line C Enter the word MaineCare
- FL 51 Line A Enter the Medicare Provider Number
- FL 51 Line B Enter the Provider Number assigned by the secondary payer
- FL 51 Line C Enter the MaineCare Provider Number
- FL 54 Enter the amount paid by the secondary insurance and Medicare
- FL 58 Line A Enter the insured name (Last name, First name, Middle Initial)
- FL 58 Line B Enter the insured name (Last name, First name, Middle Initial.
- FL 58 Line C Enter the insured name (Last name, First name, Middle Initial exactly as shown on the MaineCare ID Card)
- FL 60 Line A Enter the Members Medicare ID number
- FL 60 Line B Enter the member's secondary insurance policy number or certificate number
- FL 60 Line B Enter the MaineCare Member ID number. (Do not use the member's social security number in place of the MaineCare number).
- FL 61 Line B Enter the group name of the secondary insurance
- FL 62 Line B Enter the group number of the secondary insurance.

Note: MaineCare will only make payment up to the maximum MaineCare fee schedule, which in most cases is lower than the co-insurance. Any remaining balance cannot be billed to the member.

Instructions for billing after third party insurance when MaineCare is secondary:

- FL 42 Line 1 21 Enter Revenue Code (as listed in the billing instructions for FL 42)
- FL 42 Line 22 or the line after the last line completed Enter Revenue Code 0001 (Total Charges)
- FL 46 Enter the number of Service Units (if the same service was provided more than once on the same day, enter the number of units).
- FL 47 Line 1 Enter the total charges as billed to the primary insurance
- FL 47 Line 22 or the line after the last line completed Enter Total Charges in the column
- FL 50 Line A Enter the name of the secondary insurance (ex: Anthem)
- FL50 Line B Enter the word MaineCare
- FL 51 Line B Enter the Provider Number assigned by the primary payer
- FL 51 Line C Enter the MaineCare Provider Number
- FL 54 Enter the amount paid by the primary insurance plus the contractual adjustment
- FL 58 Line A Enter the insured name (Last name, First name, Middle Initial.
- FL 58 Line B Enter the insured name (Last name, First name, Middle Initial exactly as shown on the MaineCare ID Card)
- FL 60 Line A Enter the member's primary insurance policy number or certificate number.
- FL 60 Line B Enter the MaineCare Member ID number. (Do not use the member's social security number in place of the MaineCare number).
- FL 61 Line B Enter the group name of the primary insurance
- FL 62 Line B Enter the group number of the primary insurance.

Appendix 2

Nursing Home Codes to be used in FL 42 and FL 44

FL 42	Description	FL 44
0167	Room and Board	
0167	Days Waiting Placement	YW
0420	Physical Therapy General	Y9490
0424	Physical Therapy Evaluation or Re-evaluation	Y9490
0429	Physical Therapy Other	Y9490
0430	Occupational Therapy General	ZT493
0434	Occupational Therapy Evaluation or Re-evaluation	ZT493
0439	Other Occupational Therapy	ZT493
0440	Speech Therapy General	6001
0440	Speech Therapy General	6002
0440	Speech Therapy General	6004
0440	Speech Therapy General	6005
0440	Speech Therapy General	6006
0440	Speech Therapy General	6018
0444	Speech Therapy Evaluation or Re-evaluation	6001
0444	Speech Therapy Evaluation or Re-evaluation	6002
0444	Speech Therapy Evaluation or Re-evaluation	6004
0444	Speech Therapy Evaluation or Re-evaluation	6005
0444	Speech Therapy Evaluation or Re-evaluation	6006
0444	Speech Therapy Evaluation or Re-evaluation	6018
0449	Speech Therapy Other	6001
0449	Speech Therapy Other	6002
0449	Speech Therapy Other	6004
0449	Speech Therapy Other	6005
0449	Speech Therapy Other	6006
0449	Speech Therapy Other	6018
0470	Audiology General	6007
0470	Audiology General	6008
0470	Audiology General	6009
0470	Audiology General	6010
0470	Audiology General	6011
0470	Audiology General	6012
0470	Audiology General	6014
0470	Audiology General	6015
0470	Audiology General	6016
0470	Audiology General	6017
0471	Audiology - Diagnostic	6007
0471	Audiology - Diagnostic	6008
0471	Audiology - Diagnostic	6008
0471	Audiology - Diagnostic	6010

FL 42	Description	FL 44
0471	Audiology - Diagnostic	6011
0471	Audiology - Diagnostic	6012
0471	Audiology - Diagnostic	6014
0471	Audiology - Diagnostic	6015
0471	Audiology - Diagnostic	6016
0471	Audiology - Diagnostic	6017
0472	Audiology – Treatment	6007
0472	Audiology – Treatment	6008
0472	Audiology – Treatment	6009
0472	Audiology – Treatment	6010
0472	Audiology – Treatment	6011
0472	Audiology – Treatment	6012
0472	Audiology – Treatment	6014
0472	Audiology – Treatment	6015
0472	Audiology – Treatment	6016
0472	Audiology – Treatment	6017
0479	Audiology – Other	6007
0479	Audiology – Other	6008
0479	Audiology – Other	6009
0479	Audiology – Other	6010
0479	Audiology – Other	6011
0479	Audiology – Other	6012
0479	Audiology – Other	6014
0479	Audiology – Other	6015
0479	Audiology – Other	6016
0479	Audiology – Other	6017